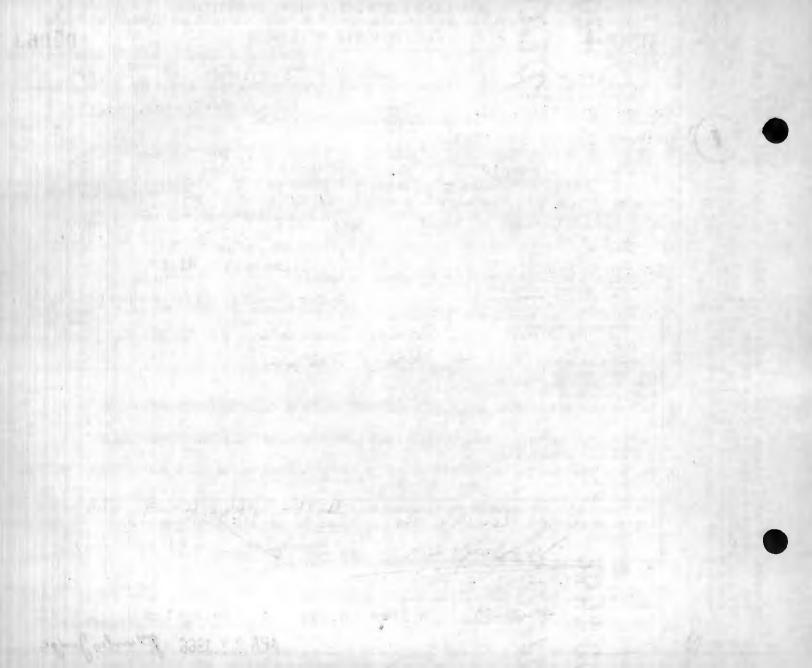
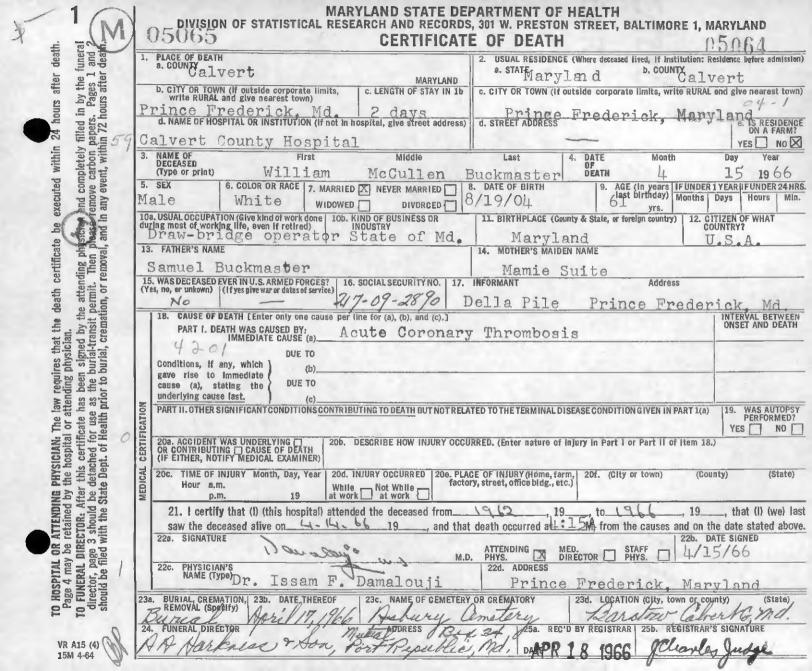
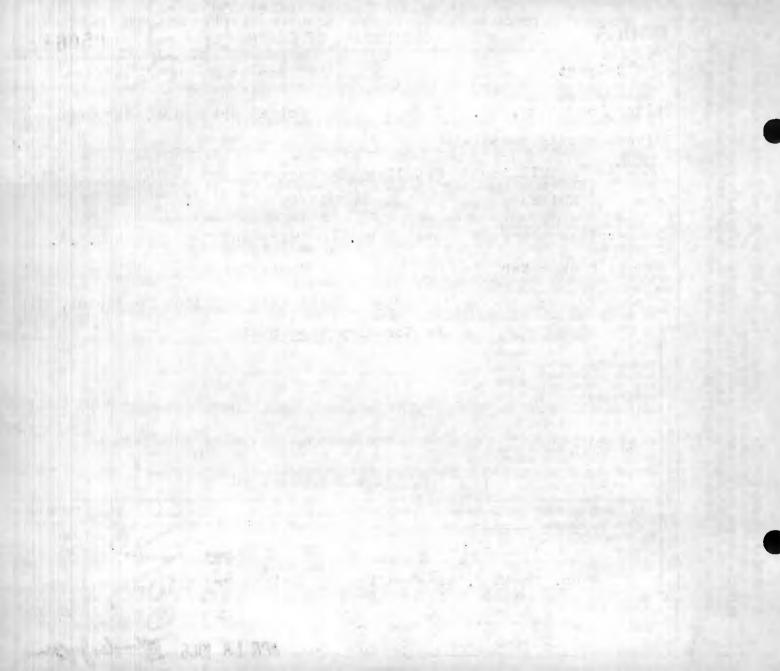
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY ours after alvert the Calvert MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Prince Frederick, Maryland Prince Frederick. Md. days filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? N Calvert County Hospital YES NO executed within completely NAME OF DATE Month Middle Last 4. Day Year DECEASED carb Brooks 19 66 event, Minnie G. (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 5. SEX DATE OF BIRTH remove in any 9/29/82 Female Negro DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) INDUSTRY COUNTRY? certificate be апо Maryland .S.A. Domestip 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending print. Then Elizabeth Hicks Nelson Kyler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. 10 death (Yes, no, or unkown) (If yes give war or dates of service) Prince Frederick. Rufus Brooks cremation, the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH been signed by PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. certificate has (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use f Health PERFORMED? YES . NO 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) detached for te Dept, of I FUNERAL DIRECTOR: After this irector, page 3 should be detach nould be filed with the State Depi MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 10: M From the causes and on the date stated above. 19 66 saw the deceased alive on, 22a. SIGNATURE 22b. DATE SIGNED ATTENOING PHYS. STAFF PHYS. TO HOSPITAL Page 4 may i M.D. DIRECTOR **PHYSICIAN** ADDRESS 22d. director, p NAME (Type) 7 Prince Frederick. Md. Issam amalouji BURGAL, CREMATION, **OATE THEREOF** 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. REMOVAL (Specify) 2 mt Olive Ch. Cem 258. REC'D BY REGISTRAN ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 15M 4-64



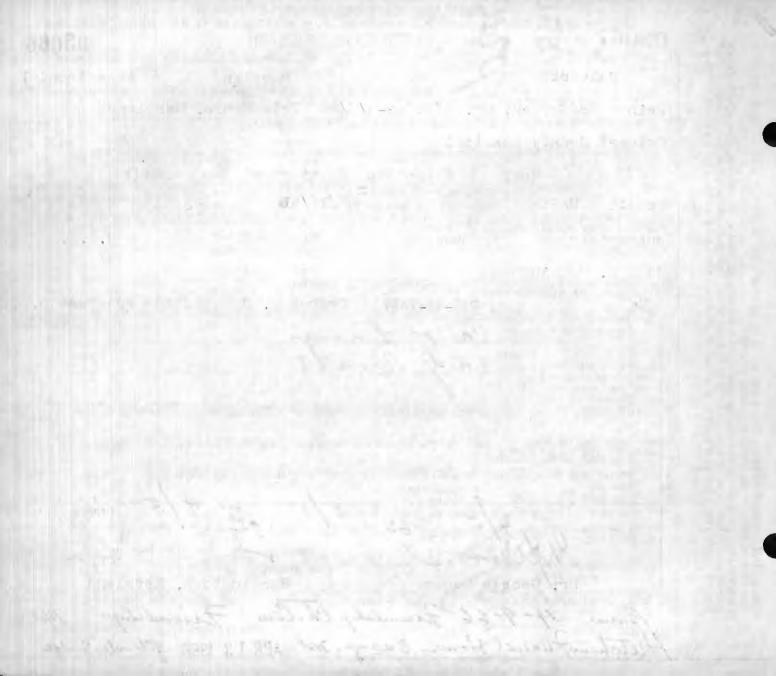




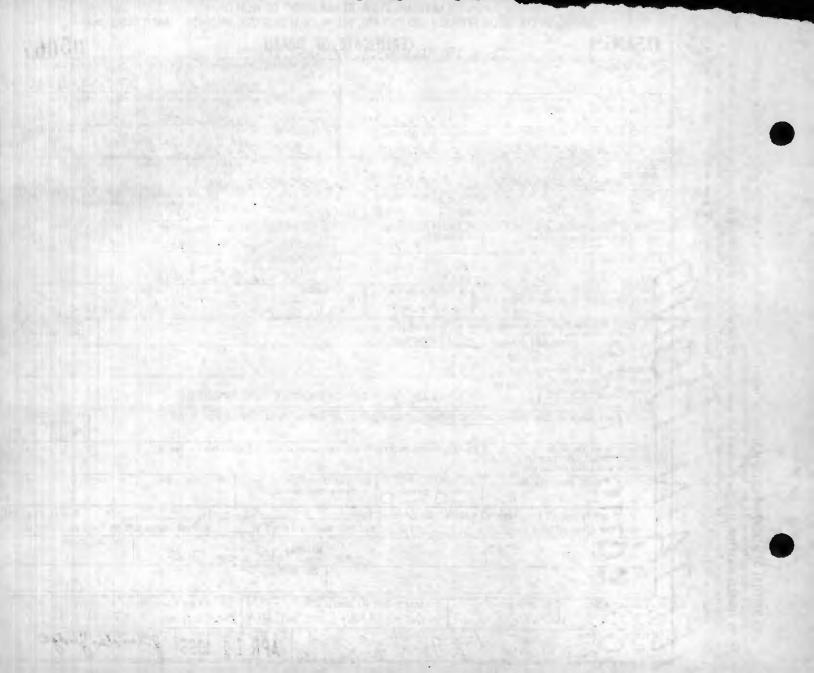
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STA MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY Maryland Calvert Calvert.
City OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND Department after death. necessary, the funeral c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b тау Chesapeake Beach. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) the 5 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ay is 3 to t State ND YES [and 3. NAME OF Middle 4. DATE Year First Last Month Day the 72 DECEASED 19 66 (Type or print) DEATH Nettie Coates April 2 with within 5. SEX 6. COLDR DR RACE | 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. ELIO NEVER MARRIED death. I May 13, 1885 Female Negro WIDOWED DE DIVORCED 80 (N and 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) COUNTRY? INDUSTRY U.S.A Housewi fe Maryland any 24 hours a in Item 18. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 29 Julia Forester Joseph Jones File 15. WAS DECEASED EVER INU.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT EXAMINER: This certificate should be executed within 29 certificate, writing the word "pending" in pencil in nould be forwarded to the Chief Medical Examiner's O (Yes, No. or unkown) (If yes give war or dates of service) permit. I Chesapeake Beach, Md. Herman Coatew INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Cardio vascular renal disease yrs. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Age (b) gave rise to immediate DUE TO cause (a), stating the co. used as a to burial, underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. FICATION PERFORMED? NO YES [She had been bed ridden for ten years should be gent, prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) EXTERNAL CAUSE WAS forwarded CERT PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Died at 1:15 p.m. 3 shou CAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While CTOR: Page designated 19 66 at work ___ at work Home Chesapeake Beach the certif Inspection inquiry and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy DIRECTOR: Natural causes Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER Page 4 for your execute 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 10 director. Paretained for O FUNERAL D DEPUTY MEDICAL EXAMINER **EXAMINER'S** Hugh W. Ward, M.D. Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) (BURIAL, CREMATION, 23b. REMOVAL (Specify) DATE THEREOF 01 St. Edmonds Ch. /8/66 Cem. Calvert Co. ADDRESS REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15ME Prince Frederick, Md. 3500 4-64

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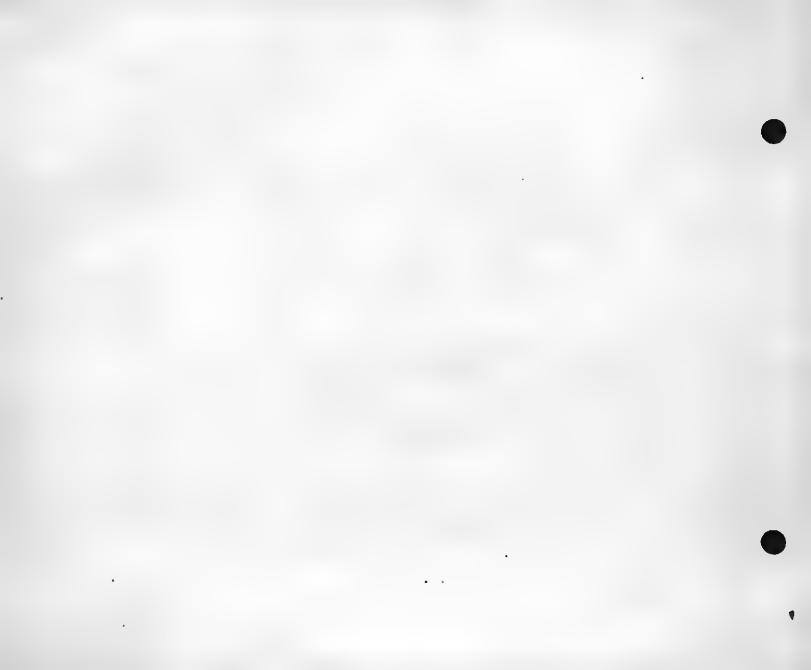
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Anne the fuses 1 after Calvert Arunde MARYLAND by the b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) n and completely filled in by remove carbon papers. Pag write RURAL and give nearest town) hours Prince Frederick. 3/26/66-4/5/ Friendship, Maryland 66 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital YES X NO NAME OF 3. Middle Last 4. DATE Month Day Year DECEASED Elizabeth Cunningham (Type or print) Marv DEATH April: 1966 5 executed 6. COLOR OR RACE | 7. MARRIED 5. SFX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Davs Hours Female White WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR INDUSTRY physician in please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe COUNTRY? U.S.A. Housekeeper Maryland Home certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal Mary Leitch John A. Cunningham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address transit permit. death (Yes, no, or unkown) (If yes give war or dates of service) Friendship, Md. George E. Cunningham 216-48-7887 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)? INTERVAL BETWEEN The law requires that the been signed by t the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating prior 1 underlying cause last. certificate has 98 fel CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use PERFORMED? YES . NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Pert 1 or Part II of Item 18.) Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State Hour a.m. While Not While FUNERAL DIRECTOR: After irector, page 3 should be cooled be filed with the State be retained by al work at work 21. I certify that (I) (this hospital) attended the deceased from 66, and that death occurred at 25 M, from the causes and on the date stated above. saw the deceased alive or DATE SIGNED 22a. SIGNATURE 22b. director, page 3 should be filed v ATTENDING M.D. PHYS. DIRECTOR 4 may 22d, ADDRESS PHYSICIAN'S NAME (Type) Huntingtown. Maryland Weems George (State) BURIAL, CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATOR LOCATION (City, town or county) REMOVAL (Specify) 2 Merial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 10 wrings VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05068OF DEATH requires that the death certificate be executed within 24 haurs after death. completely filled in by the funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission dea o. COUNTY DIVERT b. COUNTY within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 1600 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? CAWELT YES NO NAME OF DATE Middle First Lost Day Year DECEASED (Type or print) DEATH IF UNDER 24 HRS S. SEX NEVER MARRIED DATE OF BIRTH 9. AGE (In years 7 MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED 10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** the attending physician sit permit. Then please and None 13. FATHER'S NAME 14. MOTHER'S MAIDEN, NAME remayal IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) b 6 len Durnie Unterown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)-INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending as the FUNERAL DIRECTOR: After this certificate has been cerebral hemorrhage due to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 3 shauld be detached for use with the State Dept. of Health (NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 19 ot work at work 21. I certify that (I) (this haspital) attended the deceased fram. 19____, that (I) (we) last 1962 2 ta M. from couses and on the date stated above saw the deceased alive an 1966, and that death occurred at 220. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME, OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION LOCATION (City or Town) topsham REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



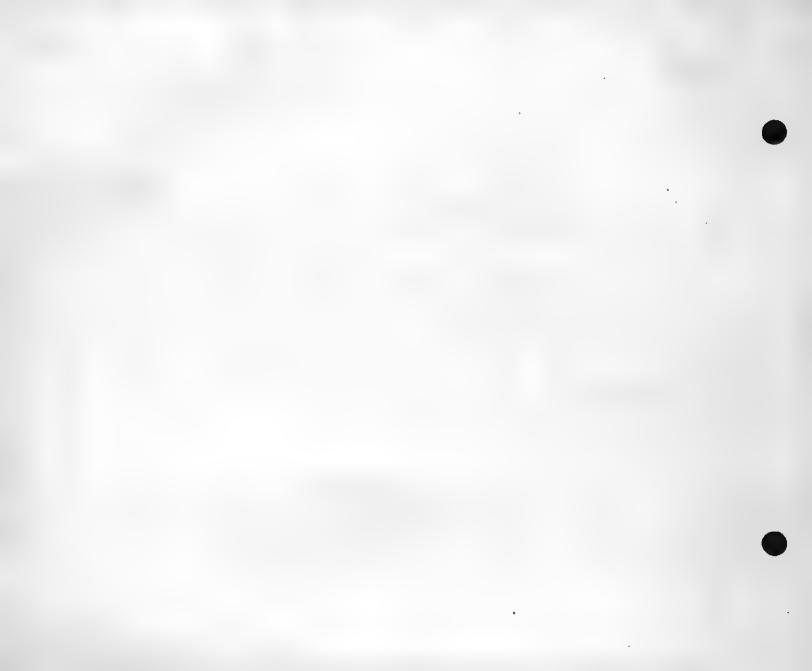
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05069CERTIFICATE OF DEATH death. after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ап a. COUNTY a. STATE b. COUNTY Calvert County on papers. Pages I within 72 hours after Calvert the **MARYLAND** by the Pages c. CITY OR TOWN TIT outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Chesapeake Beach .5 Prince Frederick 22 days d. MAME OF HOSPITAL OR INSTITUTION (IF not In hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO X Calvert County YES Hospital executed within completely carbon 3. NAME DE DATE MIdd1e Last Month Day Year DECEASED event, (Type or print) DEATH Frnest Archibald 19 Dangl Anri 5. SEX 6. CDLOR OR RACE AGE (In years [IFUNDER 1 YEAR HFUNDER 24 HRS. 8. DATE OF BIRTH 9. 7. MARRIED X NEVER MARRIED remove last birthday) Months Hours Davs and апу male white MIDOWED DIVORCED and in 10a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please þe INDUSTRY District of Columbia Operator America certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova John Alfred Douglas Catherine Henning 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 20 (Yes, no. or unkown) | (If yes give war or dates of service) Gertrude Mae Douglas Chesapeake Beach, Md. burial-transit pern burial, cremation, the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH this certificate has been signed by PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) 420 DUE TD Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use PERFORMED? NO [YES . 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) detached for the Dept. of I MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by 19 at work at work TO FUNERAL DIRECTOR: Affi director, page 3 should be should be filed with the S' pinous 21. I certify that (I) (this hospital) /attended the deceased from 196 and that death occurred at I saw the deceased alive on AM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED 1366 ATTENDING PHYS. Page 4 may 1 M.D. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) Sman Prince Frederick, Md. Z. Erzov. BURIAL CREMATION! 23b. DATE THEREOF 23c. NAME DECEMETERY OR CREMATORY LOCATION (City, town or county) (State) EMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 196 VR A15 (4) 15M 4-64



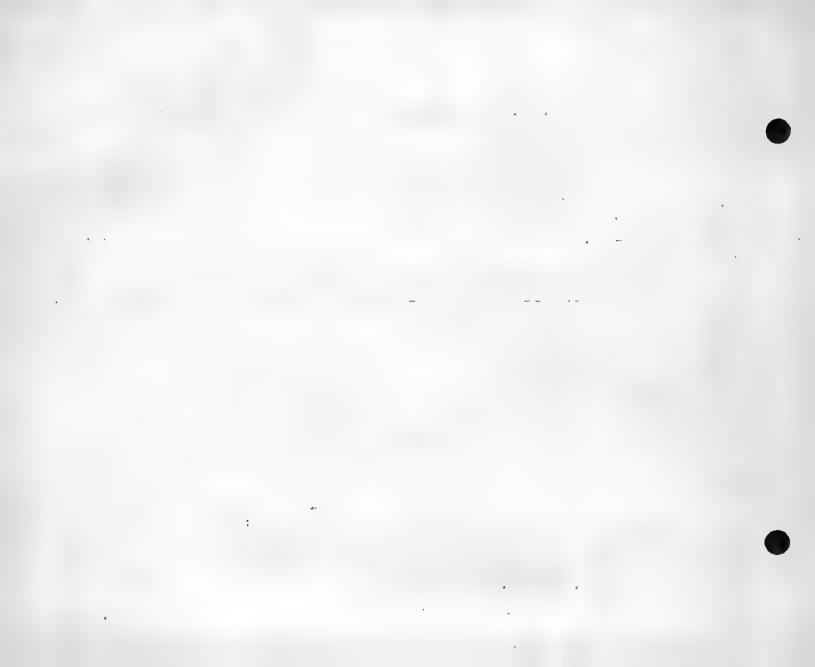
1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
4 502	05070 CERTIFICATE OF DEATH	05069		
24 hours after death. State of the state of	A. PLACE OF DEATH a. COUNTY Calvert MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence as STATE Maryland Prince			
afte y the ages s afte	b. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town) Maryland Prince c. CITY OR TOWN (If outside corporate limits, write RURAL and write RURAL and give nearest town)			
in b	Prince Frederick, Md. 43 days Aquasco, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS			
4 2.5	Calvert County Hospital Rt.1 Box 126	e. IS RESIDENCE ON A FARM? YES ND		
executed within and completely remove carbon from with with	DECEASED	ay Year		
comple comple we car	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 1F UNDER 1 YEA	3 1966 AR IF UNDER 24 HRS.		
and con	Female Negro WIDOWED DIVORCED 4/5/88 78 77 yrs. Months Days			
	during most of working life, even if retired) INDUSTRY COUNT			
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ertifica ling 1 Then emov	Anna Glascoe			
th contreme	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, 20, or unknown) (If yes give war or dates of service)			
dea the a pen ation,		TERVAL BETWEEN		
ires that the death certifica physician. signed by the attending ph burial-transit permit. Then burial, cremation, or remova	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Decelul hermhory	NSET AND DEATH		
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requires ding ph been s the bur or to bur	gave rise to immediate			
law requires that tatending physician. has been signed been signed been signed been as the burial-tranch prior to burial, ore	underlying cause last. (c)			
or sate	114	9. WAS AUTOPSY PERFORMED?		
₹ 5 5 5	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
NG PHYSICIAN by the hospif ffer this cert be detached State Dept. of	20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) Hour a.m. p.m. 19 At work at work	(State)		
onng P ed by t After d be d	TO Year II	that (I) (we) last		
ATTENDI e retained RECTOR: A 3 should with the	saw the deceased alive on	ate stated above.		
	22a. SIGNATURE OEVILLARAEOUS M.D. ATTENDING MED. STAFF PHYS. 14/15/	SIGNED		
PITAL 4 may ERAL or, pa	22c. PHYSICIANS Journal 22d. ADDRESS & himarel . Mr.	16		
TO HOS Page of FUN directles should	232. BURIAL CREMATION, 23b. DATE THEREOF. 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) REMOVAL (Specify) 4-16-66 John Wesley Chuich Cem. access, May	(State)		
VR A15 (4)	24. FUNERAL DIRECTOR Martael adams aguasco, Md. 250. Approx 0 GISTRAPS SI	CHATURE Judge		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY h. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) by the Calvert Marvland MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) bon papers. Pag within 72 hours Lower Marlboro, Maryland filled in I Prince Frederick. day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS A. IS RESIDENCE ON A FARM? Calvert County Hospital YES NO completely arbon NAME OF First Last DATE Middle Month Day Year DECEASED OF DEATH 1966 Hicks (Type or print) Roxanne executed 5 SEX 6. COLOR OR RACE in any eve DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED X last birthday) Months Days Hours and 12/21/65 Female Negro WIDOWED DIVORCEDI attending physician a ermit. Then please re on, or removal, and in. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT OF ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the hospital or attending physician. COUNTRY? U.S.A. Marvland 13. FATHER'S NAME MOTHER'S MAIDEN NAME Edna Harris Arthur Hicks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend fransit permit. , cremation, or re 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or dates of service) Lower Marlboro. Md. Edna Hicks 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN FUNERAL DIRECTOR: After this certificate has been signed by the lirector, page 3 should be detached for use as the burial-transit hould be filed with the State Dept. of Health prior to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: son also IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which D'40 4000 (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ND T YES 202. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office blog., etc.) Hour a.m. While Not While at work at work 19 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at saw the deceased alive on. M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 11/18/66 STAFF Page 4 may P DIRECTOR PHYS. M.D. PHYS. director, p PHYSICIAN'S NAME (Type) 22d. ADDRESS Prince Frederick, Maryland F Damalou ssam BURIAL, CREMATION. 23b. DATE THEREOF CEMETERY OR CREMATORY 23d. (State) 2 REMOVAL (Specify) underload -110 **FUNERAL DIRECTOR** 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE 24. VR A15 (4) DATEPR INP 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05072 CERTIFICATE OF DEATH death. funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Calvert a. COUNTY completely filled in by the 1 we carbon papers. Pages 1 event, within 72 hours after Calvert hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. Prince Frederick, Marvland Prince Frederick, Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 YES T Calvert County Hospital NO 30 executed within Month 3. NAME DE Year Middle Last 4. DATE Day DECEASED OF 1966 Ralph 23 John Hines DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED X | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR !IF UNDER 24 HRS 5. SEX DATE OF BIRTH last birthday) | Months | Days Hours White Male WIDOWED DIVORCED T 59 10a. USUAL OCCUPATION (Give kind of work done, 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? West Virginia Officer St. Penitentary
13. FATHER'S NAME U.S.A death certificate remoyal, 14. MOTHER'S MAIDEN NAME attending ph Blanche Knuckles Howard Hines 15. WAS DECEASED EVER INU.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. ed by the attence transit permit. (Yes, no, or unkown) (If yes pive war or dates of service) 579-10-0332 Catherine Hines Prince Frederick, Md. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN been signed by the the burial-transit is to burial, cremati DNSET AND DEATH PART I, DEATH WAS CAUSED BY: PHYSICIAN: The law requires that t the hospital or attending physician. - E is o Lumper IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY TO FUNERAL DIRECTOR: After this certificate be director, page 3 should be detached for use should be filed with the State Dept. of Health PERFORMED? NO [YES DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20a, ACCIDENT WAS UNDERLYING F OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING P at work at work p.m. LL-LILE-19 60. to 19 6_ that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred 12:15%, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22b. 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS. Page 4 may PHYSICIAN'S NAME (Type) ADDRESS 22c. Prince Frederick. Maryland Damalouji DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. 23b. BUT 12 I 4-26-66 St Stephens Delmar, Del. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral Pages 1 and 2 24 hours after death. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE bon papers. Pages 1 within 72 hours after Calvert Maryland Calvert
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. City or town (if outside corporate limits, write RURAL and give nearest town)
Prince Frederick, Md C. LENGTH OF STAY IN 1b davs Huntingtown. Maryland completely filled in ve carbon papers. I d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Calvert County Hospital NO C YES executed within 3. NAME OF Middle Last DATE Year Day DECEASED rsician and complet lease remove carbo and in any event, w 1966 Holland Baby Boy DEATH (Type or print) 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9, 7. MARRIED NEVER MARRIED X last birthday) | Months Days Hours 4/11/66 Male Negro WIDOWED ! DIVERCED T physician a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the hospital or attending physician. COUNTRY? Maryland U-S-A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Filmore Mackall
15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no. or unkown) | (If yes pive war or dates of service) Doris Ann Holland TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Should be filed with the State Dept. of Health prior to burial, cremation, or to 17. INFORMANT 16. SOCIAL SECURITY NO. Doris Ann Holland Huntingtown. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIMICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO F YES [202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work p.m. 21. I certify that (!) (this hospital) attended the deceased from ___, that (1) (we) last Afrom the causes and on the date stated above. saw the deceased alive on and that death occurred at-22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR X Page 4 may M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. BULTAL (Specify) 1-18-66 Mt. Hope Church Cem. Sunderland, Md/ 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4)



- Just	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
E TONES	05074 CERTIFICATE OF DEATH	05072		
24 hours after death filled in by the funeral apers. Pages 1 and 2 no 72 hours after death	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	dence before admission)		
frer the s	Colvert Manyland Colv	vert		
ours a	write RURAL and give nearest town)	I I		
24 hours 11/16d in papers. Program 72 hours	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
	Calvert County Hospital	YES NO X		
executed within 24 hours after and completely filled in by the remove carbon papers. Pages 1 hand four within 72 hours after	3. NAME OF First Middle Last 4. DATE OF OF OF DECEASED (Type or print) Catherine Elizabeth Humphreys DEATH	Day Year		
ited comp	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN years FUNDER 1)			
Second Se	Female White Widowed Divorced 6/17/00 65 yrs.	ays Hours Min.		
	during most of working life, even if retired) INDUSTRY	IZEN OF WHAT NTRY?		
cate physi ples al, al	Housewife Heme Maryland u.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	i.A.		
ertifi There	Luther Joy Margaret Seibert			
th c	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no., or unknown) (If yes give war or dates of service)			
dea he a pen	No Mone Mr. John E. Humphreys Dowel	INTÉRVAL BETWEEN		
requires that the death certificate be eding physician. been signed by the attending physician the burial-transit permit. Then please for to burial, cremation, or removal, and its	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Incidental when the control of t	ONSET AND DEATH		
thal rsicla gned ial-tr	1561 DUE TO 8			
uires g physical signal s pur signal	Conditions, if any, which gave rise to immediate (b)			
r required and incompared to the control of the con	cause (a), stating the underlying cause last.			
e law atte e ha se a th pr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
l: Th al or ficat for u Heal	On HADING WAS UNDERLYING FOR LOOK BY COOK IN THE WAS UNDER UNDER HOW IN THE WAS UNDER UNDER HE SHOW AS IN DOOR	YES NO		
JING PHYSICIAN: The law requires that the death certificate be d by the hospital or attending physician. After this certificate has been signed by the attending physician is be detached for use as the burial-transit permit. Then please state Dept. of Health prior to burial, cremation, or removal, and is	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
PHYS the t this detac	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at work at work	ty) (State)		
od by the date of				
TETENDING retained by ECTOR: After 3 should be with the Stat	21. I certify that (I) (this hospital) attended the deceased from	_, that (I) (we) last		
1 m (1) >=	22a. SIGNATURE 22b. DAT	E SIGNED		
	M.D. PHYS. DIRECTOR PHYS. 1/12 22c. PHYSICIAN'S 22d. ADDRESS	2/66		
SPITAL 4 may NERAL Ditor, pagid be file	NAME (Type)	,		
TO HOSPITAL Page 4 may O MUNERAL director, pa	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count	ty) (State)		
9	24. FUNERAL DIRECTOR THE THE ADDRESS Sad 34 J 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S			
VR A15 (4) 15M 4-64	A. H. Harkness of Fort Republic, mel. DANDPR 14 1966 goleanle	, Judge		



21			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18			
S S S	MA		05075 MEDICAL EXAMINER'S CERTIFICATE OF DEATH			
please of shauld	IVI	1.	PLACE OF DEATO O. COUNTY O. STATE D. COUNTY D. COUN			
Page burial,			O. CIT OR TOWN (If outside corporate with write street c. LENGTH OF STAY IN 16 C. CIT OR TOWN (If outside corporate limits, write RURAL and give nearest sown)			
dir is ned			A. NAME Of HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)			
uneral vneral r yavr fi registror			NAME OF DECEASED (Type or print) Moraphith R. Hamberry DEATH 4. DATE Month Day Year 6			
oth. If to the fained faith the		5. :	M WIDOWED DIVORCED DI			
ifter dec.		Ľ	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) Thinks: The property of working life, even if retired) The property of			
haurs or ges 1, 2 e 5 may			FATHER'S NAME Ray W. Thurtoberry WAS DEGRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address			
rithin 24 Give Po 13. Pag 1. File ;		{Yes	218-36-3280 Ray W. Huntzberry - Prince Frederick, Wed,			
cuted w im 18. orm PM t permit			18. CAUSE OF DEATH [Enfor only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)			
be exe sit in the g with f	٨		Conditions, if any, which (b) Evulsion Tleftles 22 hus			
shavid in pend se alang a burid		_	(c), stating the underlying DUE TO			
rtificate nding" r's Offic used as	<	FCATION	PARCH. SHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO JULE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200, EXTERNAL CAUSE WAS 200, DESCRIBE HOW INJURY OCCURRED. (Enter notive of fairing in Part 1 of Item 18.)			
This ce ard "pe ixamine avid be		CAL CERTIF	PRIMARY Reg CONTRIBUTING CAUSE OF DEATH.			
MINER: ig the w tedical t	,5 p	MEDIC	530 p.m. 4 1 1960 of work of the fifte of the state of work of work of the state of			
AL EXA			21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause			
MEDIC entific	<u>.</u>		ACTUAL SIGNATURE A.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER			
In the Investigate	, temporal part 1	220	NAME (Type) H. W. WARD DEPUTY MEDICAL EXAMINER S 4/1/66			
10 fe g	ö		BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Biote) PENCIAL DIRECTOR'S SIGNATURE MILLIANS, 1504 ADDRESS, 1504 THE PROPERTY OF CREMATORY PLANT 34 THE PROPERTY OF CREMATORY PROPERTY OF CRE			
VS. A1SME(S 5M 9/55	1.4	a	. a. Harkness & Son Port Republic, Incl. Opp 5 1968 Illiantes Judge			



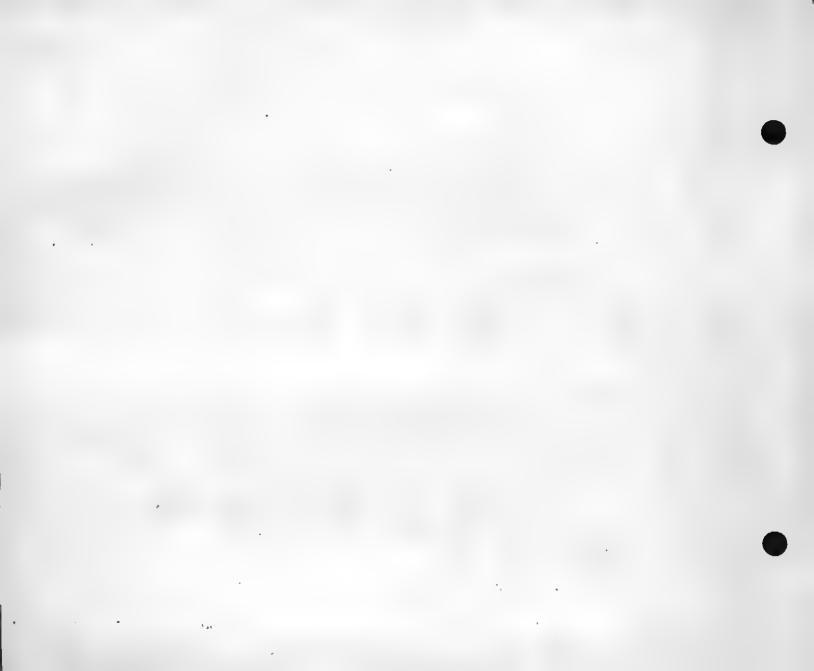
1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
FOR STATE	05076 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (05075)			
HEALTH DEPT.	1. PLACE OF DEATHY a. COUNTY b. COUNTY b. COUNTY b. COUNTY			
Esa (tal)	MARYLAND MARYLAND			
ssar uner lay fi deat	b. CVTY OR TOWN (If ontside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ontside corporate limits, write RURAL and give nearest town)			
the f	O NAME OF HOSPITAL OR INSTITUTION (if pot in hospital, give street address) d. STREET ADDRESS			
Page Urren	Calvert do H.			
any delay is 2, and 3 to t PM3. Page to the State of 72 hours at	3. NAME DF DECEASED (Type or print) DOWN 18 19 66			
1 form form 2 with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE 9 BIRTH lest Dirthday) Months Days Hours Min. WIOOWED DIVORCED C. 1265			
Give Pa Give Pa g with	10a. USUAL OCCUPATION (G. VE Kind of work done during mest of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE State or fereign country) 12. CITIZEN OF WHAT COUNTRY?			
ours after 18. Green 18. Creen 18. Creen 19. C	13. FATHER'S NAME 14. MOTHER'S MALTEN MAME DEPOSITOR			
A EXAMINER: This certificate should be executed within 24 hours after death. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 108. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with designated agent, mior to berial, cremation, or removal, and in any maint within	15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes of war or dates of zeroce)			
within pencil in miner's permit.	18. CAUSE DF DEATH [Enter only one cause of line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH			
Exar Exar nsit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			
exec iding iical iical iical af-tra	Candiblena is any which I			
id be executed "pending" in if Medical Example is burial-transit cremation, or	gave rise to immediate cause (a), stating the DUE TO			
shoul ford Chief Sas a ial, (underlying cause last. (c)			
icate sho the worn the Chi the Chi used as to birrial	PERFORMED? YES NO V			
certific iting t ied to ied to id be u	PARTM. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION OF RELATED TO THE TERMINAZOISEASE CONDITION GIVEN INTERNITION OF PERFORMED? YES NO PRIMARY OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH. CAUSE OF DEATH.			
R: This (forward forward 3 should againt,				
ficator for ficator for ficator for for ficator for fi	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. FLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 10 - 18 19 8 at work at			
EXAMINET the certification of	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Jequiry, and in my opinion			
the crash the cr	death resulted from: Natural/causes , Accident , Suicide , Homicide , Undetermined manner ,			
to the	ACTUAL SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER (22. OATE/SIGNED			
DEPUTY MEDICAL EXP lease execute the crector. Page 4 shour files. Pruneral discussification its design	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER Address (Street, city, town, or/county)			
O DEPUTY please of director, retained O FUNERA of Bealt	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) (State)			
To de	24. FUNERAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR'S SIGNATURE			
VR A15ME 35D0 4-64	f. E. S. well- Prince Frederick, Mg. DATIOR 22 1966 Charles Judge			
	71 11 2 1000			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY h. COUNTY after sician and completely filled in by the flease remove carbon papers. Pages 1 and if any went, within 72 hours after Calvert alvert MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b 24 hours Prince Frederick. Md. Olivet. Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Calvert County Hospital NO Se YES executed within NAME DE First Ele Middle Last DATE Month Day Year DECEASED (Type or print) Sarah Lusby DEATH 1966 5. SEX 6. COLOR DR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Months Days Hours White Female 9/11/83 DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) COUNTRY? 4ome Marvland U.S.A FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME John Edward Lusby Rosa Pragge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address this certificate has been signed by the attendatached for use as the burial-transit permit. Bept. of Health prior to burial, cremation, or a (Yes, no, or unkown) | (If yes give war or dates of service) law requires that the death J. Barnes Lusby 12-56005 Olivet Maryland CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO F YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part 11 of Item 18.) detached for WEDICAL 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County) State Hour a.m. While Not While DIRECTER: After OR ATTENDING I at work at work 3 should with the S 21. I certify that (i) (this hospital) attended the deceased from 19/26. that (I) (we) last to and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ed ed ATTENDING X Page 4 may b M.D. PHYS. DIRECTOR PHYS. Eg III PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) George Huntingtown, Maryland 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY (City, town or county) (State) 23a. BURIAL, CREMATION, BEMOVAL (Specify) REC'D BY REGISTRAR 1/25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 15M 4-64



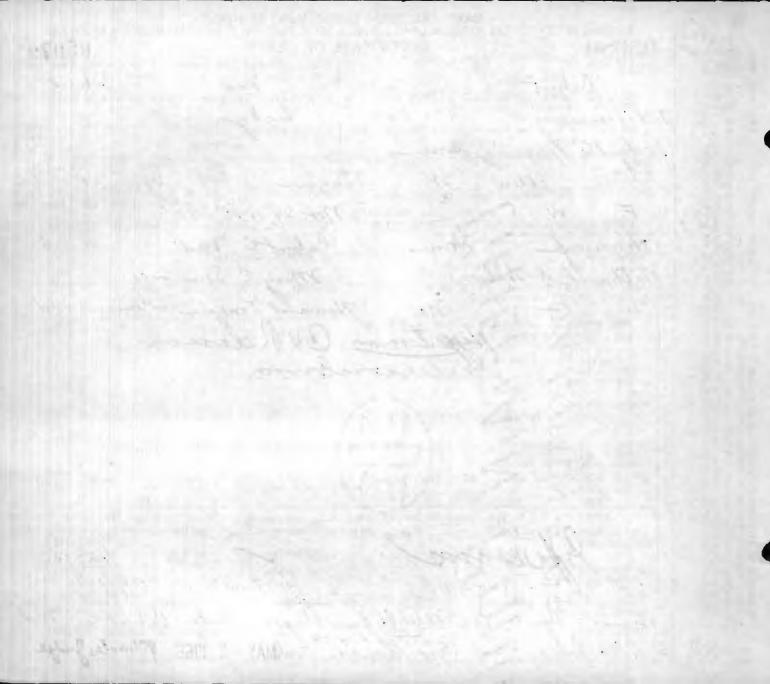
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05078 CERTIFICATE OF DEATH funeral 2 after death. and deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY by the tr papers. Pages 1 in 72 hours after Calvert MARYLAND Maryland Calvert b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Ξ Prince Frederick days North Beach. Marvland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled IS RESIDENCE ON A FARM? d. STREET AODRESS θ. Calvert County Hospital ND TV YES! executed within completely NAME OF First Middle DATE OF Last Month Oay Year 4. '≩ DECEASED event, (Type or print) Thomas Alovsius DEATH Mvers 19 66 remove r 6. COLOR OR RACE 7. MARRIEO OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. 9. NEVER MARRIEO last birthday) Months Oavs Hours White Male 2/5/09 WICOWED OIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ę 10b. KIND OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician 0 and COUNTRY? Bartender Washington, D.C. II.S Tavern death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph John Thomas Myers Florence Brown 15. WAS DECEASED EVER IN U.S. ARMEO FORCES?
(Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. transit permit. 17. INFORMANT Address No Alice North Beach. Md 225-10-1587 Mvers the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit burial, cremat INTERVAL BETWEEN this certificate has been signed by detached for use as the burial-transi ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to **OUF TD** cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use 19. WAS AUTDPSY PERFORMED? YES -NO T 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1] of Item 18.) of State Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) After 1 Hour a.m. Not While retained by at Ayork at work should director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on 660 .M. from the causes and on the date stated above. and that death occurred at 22a. SIGNA 22b. DATE SIGNED ATTENDING 19/66 OIRECTOR M.O. PHYS. may PHYSICIAN'S 22d. ADDRESS director, p should be NAME (Type) 4 Huntingtown. George Weems Page BURIAL, CREMATION, 23b. DATE THEREOF 23 c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Lincoln Cemetery Geo. Co, Md. RIA den Shire T. Geo. Co **BUNERAL OJRECTOR** VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. and a 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Calvert by the fr Pages 1 after Calvert arvland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours Prince Frederick. day Huntingtown, Maryland Maryland 16 .≘ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital NO X YES and completely fremove carbon partial and carbon partial and carbon partial and carbon partial and carbon partial part executed within Mtddle Last DATE Month Day 4. Year DECEASED OF Offer 25 19 66 Annie Rebecca (Type or print) DEATH 5. SEX 6. CDLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED ast birthday) Months Days Hours 6/18/78 Negro Female WIDOWED X 1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) physician and please plant 10b. KIND OF BUSINESS DR 12. CITIZEN OF WHAT E 11. BIRTHPLACE (County & State, or foreign country) death certificate be INDUSTRY COUNTRY? and U.S.A. Maryland Domestic Then pl 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending permit. Ther William Coates Marie Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 5233 Duvall Washington. this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or Duvall (Yes, no, or unknwn) \(() if yes pive war or dates of service\) Annie Louise Chase 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH The law requires that the PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. - sual is IMMEDIATE CAUSE (a) DUE TD Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO F YES . 2Da. ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 206. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) FUNERAL DIRECTOR: After tirector, page 3 should be de hould be filed with the State Hour a.m. While Not While ATTENDING at work at work 1960 _, that (I) (we) (ast 21. I certify that (I) (this hospital) attended the deceased from MORom the causes and on the date stated above. and that death occurred at 11: saw the deceased alive on 22b. DATE SIGNED 22a, SIGNATURE director, page 3 should be filed v ATTENDING PHYS. 11/26/66 M.D. DIRECTOR PHYS 4 may PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) Prince Frederick. Md. Damalouji Issam Page (BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. 23b. REMOVAL (Specify) 2 Md Huntingtown PaturentCh.Cem FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4)-c Charles 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY e. STATE b. COUNTY by the figures 1 ars after after **MARYLAND** b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) completely filled in by to ove carbon papers. Page A event, within 72 hours a by write SURAL end give nearest town) hours NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS. e. IS RESIDENCE ON A FARM? No. executed within 3. NAME OF Middle Last Month Year DATE Day DECEASED (Type or print) DEATH 1966 physician and comen please remove (5. SEX AGE (In years | IF UNDER 1 YEAR | FUNDER 24HRS | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 0 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? certificate ed by the attending phys-transit permit. Then ple, cremation, or removal, a **FATHER'S NAME** 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, ng, or unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the as th prior 1 underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health p The certificate PERFORMED? NO T YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of Item 18.) of detached 22. EDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While OR ATTENDING be retained by 19 at work at work DIRECTOR: Asge 3 should lied with the S P 21. I certify that (I) (this hospital) attended the deceased from 19 _ that (I) (we) last to. 1966 and that death occurred at 266 M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DATE SIGNED STAFF Page 4 may t M.D. PHYS. DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23a. 23c. NAME OF CEMETERY OR OREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 2 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR AI5 20M 1/65



1 (1)		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ADVI AND
E 201	*	05081 CERTIFICATE OF DEATH	05080
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e dea the a t per ation	=	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
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FOR HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to burial, cremation, or removal, and incompletely	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.	Name and
ING PHYS I by the I After this be detail State De	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. While at work a	nty) (State)
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AL OR A Lay be repage 3 page 3 filed wi		M.D. ATTENDING MED. STAFF PHYS.	ATE SIGNED
O HOSPITAL Page 4 may O FUNERAL director, pag should be fill		22c. PHYSICIAN'S NAME (Type) R SEVILLARICEN 22d. ADDRESS	
Page To File direction when the short of the	23a	Burial apr. 12, 1966 Christ Church Cem. Port Republic,	Tuel.
VR A15 (4) 15M 4-64	24.	. a. Harkness & Son - Port Republic, Jud DATOPR 13 1960 Clearly	S SIGNATURE
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